MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-902565

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| Comparison Com | | Ö | | | 1_ | a. COUNTY | | | | a. STATE | F COUNTY | | admission) |
| Comparison Com | кеv. 4/59 | 2 | | | 1 | OR | porate limits, give TOWN | SHIP only) | Length of stay in 15 | | 1 (8) | | Inside Limits |
| Comparison Com | in / . | WE | | | 1_ | Town Tusc | | | | | Eldon | | |
| 3 NAME OF DECEASED First Middle Stark 1. DATE OF DRIVEN DAY 1963 4 0 5 7 8 9 9 9 9 9 9 9 9 9 | 0660 | Ē | | | I | UCCRITAL CO | - '\- | | " | II ADDRESS | (If outside | s, give location) | Reside on Farm |
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| Section Sect | 3 | | \top | | 1 = | 3. NAME OF DECEASED | First | | | - | | | |
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| 10 | 91544 | 1 : | | | (| | | | 74 | Lila St | ark | | |
| IMMEDIATE CAUSE (a) - CARCINOMATOSIS 12 /- 2 25 25 25 25 25 25 25 | | <u> </u> | | = | – | 1 18. CAUSE OF DEATH | (Enter only one cause | | | - | - | 10 | TERVAL BETWEEN |
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| 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 21. Lattended the deceased from 7/14/62 to 12/31/62 and last saw how him alive on 12/31/62 21. Lattended the deceased from 9:10 8 m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE (Degree or, title). 22b. ADDRESS 22e. SIGNATURE (Degree or, title). 22b. ADDRESS 22a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | 150 | <u> </u> | | | CER | PERFORMED? YES NO 120 | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.) 21. Lattended the deceased from 7/14/62 to 12/31/62 and last saw how him alive on 12/31/62 21. Lattended the deceased from 9:10 8 m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE (Degree or, title). 22b. ADDRESS 22e. SIGNATURE (Degree or, title). 22b. ADDRESS 22a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | z | | | | ₫. | 20c. TIME OF Hour | Month, Day, Year | | | | | | |
| The state of the deceased from the causes stated. 21. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. DATE SIGNE 22. SIGNATURE (Degree or, title). 22. DATE SIGNE 22. DATE SIGNE 23. LOCATION (City, town, or county) 23. LOCATION (City, town, or county) 23. BURIAL, CREMATION, 23b. DATE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | <u>₹</u> <u>ŏ</u> [| ۱ ۱ | 1 | | MED | p.m. | | | | I me come manager | LOCATION | COUNTY | CTATE |
| The state of the deceased from the causes stated. 21. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. 1 attended the deceased from 7/14/62 to 12/31/62 and last saw him alive on 12/31/62 22. DATE SIGNE 22. SIGNATURE (Degree or, title). 22. DATE SIGNE 22. DATE SIGNE 23. LOCATION (City, town, or county) 23. LOCATION (City, town, or county) 23. BURIAL, CREMATION, 23b. DATE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | Z 🛎 | | | | | 20d. INJURY OCCURRE | D 20e. PLACE | OF INJURY (e.g., factory, street, off | in or about home, ice bldg., etc.) | ZOT. CITY, TOWN, OF | LOCATION | COUNT | SIGIE |
| Desired Scients 22c. DATE SIGNE 22c. SIGNATURE 22c. DATE SIGNE 22c. DATE SI | | | | ŢΤ | | NOT WHILE AT W | VÖRK 🗆 | - + | | 177 100 | | 10/27/2 | 9 |
| Desired Scients 22c. DATE SIGNE 22c. SIGNATURE 22c. DATE SIGNE 22c. DATE SI | A S E | Ā | | | | 21 I attended the dec | teased from 7/1 | 4/62 | , to <u></u> | <u>್/೨</u> ⊥/೦ಜan | d last saw him alive on. | _ TE/2T/6 | <u>. </u> |
| 236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 18Wn, of cooliny) 23d. LOCATION (City, 18Wn, | | 28 | J | | | | | 9:10 | | the date stated above, | and to the best of my k | inowledge, from the i | euses stated. |
| 236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 18Wn, of cooliny) 23d. LOCATION (City, 18Wn, | .¥ Si | 13 | | | | | _ | gree or_title). | | 22b. ADDRESS | | | 22c. DATE SIGNE |
| 236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 18Wn, of cooliny) 23d. LOCATION (City, 18Wn, | S E | 오 | | 1 1 | | 228. SIGNATURE | | | , Da | Lake 02 | ark. Miss | ouri | 1/5/63 |
| REMOVAL (Specify) DUTIAL 1/5/63 Greenmore Memorial Bardens Barnett, Mo. 24. FUNERAL DIRECTOR DIVILIAN FUNERAL DIRECTOR DIVILIAN FUNERAL Home Eldon, Mo. January 18, 1963 Mas. D. E. Kallenbach | F | S | _ | 5 | <u> </u> | 2. DIGIAL COSMATION | | 23c. NAME | OF CEMETERY OR C | REMATORY | 23d. LOCATION (City, | town, or county) | |
| ADDRESS ADD | ļ | o | $\neg \vdash$ | <u> </u> | 2 | REMOVAL (Specify) | 1/5/67 | I | | l l | lens P | arnett 1 | fo. |
| Dhillias Functal Home Eldon, Mo. Nanyany 18, 1963 Mrs. D. E. Kallenback | | ž | | | . _ | | 1 1/0/00 ADI | | 25. D | ATE RECD. BY LOCAL R | EG. 26. REGISTRAR | S SIGNATURE | 0 0 |
| TO THE REPORT OF THE PERSON OF | | ξ | | | | OL: 11: A. Fun | | | | ا ۱۹ اسمال | الآباها م | E. Kaller | wach. |
| (Licensed Embalmer's Statement on Reverse Side) | | - | I | a | 1 _ | בי בקוווח | | // les | ased Embalmen's See | tement on Reverse Side) | | | |

8961 8 3 NVF

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

E96! Z7 834

STATEMENT BY LICENSED EMBALME

| rby_ | | | | | | | | | | , Student | Embalmer No | | |
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| udent | | | Signature of Student Embalmer | | | | | | gned | . E. H | 5. Hilly | | |
| | | | Signatur | e 01 3100e | an Embainer | | | | | Licensed Emba | almer No. 5/06 | | |
| . • | | | | | | • | | | | P. O. Address | Elelun | | |